

COURTROOM WORKSHEET

No. C100218-914 Criminal

No. 3 Courtroom

BC Clerk

Date: 8/13/19

Defendant: Julian Blackeman ~~FTIA~~

State/Atty Leache

Deft/Atty ~~Leache~~ Panciwicz

646 Judge Solt _____

_____ Pre-Trial Conf.

655 Judge Adams _____

_____ Original Sentencing

_____ Nol Pros

669 Judge Nicklas _____

_____ Violation of Probation

_____ Stet

675 Judge Rolle _____

_____ Modification/Reduction

_____ Advised of Rule 4-215

679 Judge Sandy X

_____ Plea/Stipulation

_____ State/Defense/Joint Continuance

682 Judge Martz-Fisher _____

_____ FTA/Bond Forf/BW issd/Bond by PCCJ

_____ Judge _____

X Motion to Modify Probation

INCARCERATION:

Count(s) No./Charge: _____

_____ DOC

Length of Sentence: _____

Credit from: _____

_____ FCADC

_____ In Addition to Any Time Served

_____ Suspend All

_____ Must Serve 50% of Sentence

_____ Suspend All But _____

- Defuse motion to modify Probation

_____ Work Release Authorized

- State Defers to Court

_____ Delayed Entry Beginning _____

_____ Weekend Incarceration Beginning _____

_____ Home Detention Authorized through: Sheriff's Department _____

- Defendant allowed to Play video games

_____ Domestically Related Private Agency _____

PROBATION:

_____ Supervised _____ Years _____ Months

_____ Unsupervised _____ P/P _____ DDMP

_____ PBJ-CP 6-220 _____ Supervision Fee Authorized/Waived

- Granted

- Allowed to contact friends 16 years and older

SPECIAL CONDITIONS:

_____ Submit to all programs recommended

_____ Remain Drug Free

_____ Remain Alcohol Free

_____ Random Testing at Own Expense

_____ Alcohol Counseling

_____ Drug Counseling

_____ Community Service _____ Hours Schedule through: _____ Alt. Sentencing _____ Privately By _____

_____ Court Costs \$ _____ Pay Through: _____ P/P _____ Clerk By/Within _____

_____ Fine(s) \$ _____ Pay Through: _____ P/P _____ Clerk By/Within _____

_____ MD Substance Abuse Fund \$ _____ Clerk

_____ No Contact with _____

_____ Above/Below Guidelines Due to: _____

_____ Other _____

RESTITUTION:

Restitution of \$ _____

Victim: _____

_____ Pay Direct _____ Pay SAO _____ Pay P&P